

CLINICAL SPECIMEN SHIPPING UNITS REQUISITION

TO ORDER INDIVIDUAL COMPONENTS - USE REVERSE SIDE

Fax/Mail/E-mail Orders to: Michigan Department of Community Health
Laboratory Support Unit
927 Terminal Road
Lansing MI 48906

FAX 517-335-9039

PHONE 517-335-9867

WEB <http://www.michigan.gov/mdchlab>

| | | | |
|------------------------|--|------------|--|
| Send To (No PO Boxes): | | Date: | |
| | | Phone: | |
| | | Attention: | |

| Unit Number | Type of Laboratory Service | Circle Number of Complete Tests Desired |
|--------------|--|--|
| One | Enteric Bacterial Infections | 25 50 Other_____ |
| Two | Chlamydia & Gonorrhea - Amplified Test – Swabs | 50 100 200 Other_____ |
| Two - U | Chlamydia & Gonorrhea - Amplified Test -Urine Specimens | 50 100 Other_____ |
| Three | Viral Load Testing for HIV - 1 For submission from HIV-1 positive patients enrolled in MDCH approved programs <u>only</u> . | 1 2 Other_____ |
| Four | Oral Fluid Specimen Test System for HIV-1 Mailing Components <u>only</u> . | 10 50 100 200 |
| Five | Enteric Viral Infections - <u>Special Request Only</u> Contact laboratory at 517-335-8067. | Special Request Only |
| Six | Parasitic Infections | 25 50 Other_____ |
| Seven | Blood Lead Sampling Please Specify Sample Type ? Capillary ? Filter Paper ? Venous | 50 100 Other_____ |
| Seven “A” | Environmental Lead Sampling Indicate quantity of test requisitions desired (DCH-0558 – Revised 04/04) >>>>> | 1 5 10 50 Other_____ |
| Eight | Bacterial, Fungal and Viral Serology (For HIV Serology – Order Unit 49) | 25 50 100 Other_____ |
| Ten | Syphilis by Darkfield Fluorescent exam for <i>Treponema pallidum</i> . | 1 2 Other_____ |
| Eleven | <i>Legionella</i> Urinary Antigen, EIA For submission of urine specimens for EIA | 1 2 Other_____ |
| Twelve | Tuberculosis and Fungal Diagnosis Specimens For submission of clinical specimens for microscopy and culture. | 25 50 100 Other_____ |
| Thirteen | CD4/CD8 & Viral Load Testing for HIV-1 For submission from HIV-1 positive patients enrolled in MDCH approved programs. | 1 2 Other_____ |
| Fourteen | PBB, PCB, Pesticide Testing For submission of serum & breast milk specimens for analysis. | 1 2 Other_____ |
| Fifteen | <i>Bordetella pertussis</i> – Culture, Isolation, & PCR | 1 2 Other_____ |
| Seventeen | Mercury Analysis - Contact laboratory at 517-335-9490. | Special Request Only |
| Eighteen | West Nile Virus - For submission of specimens for evaluation @ MSU– Diagnostic Center for Population and Animal Health | 1 2 Other_____ |
| Nineteen | HIV Genotyping For submission from HIV-1 positive patients enrolled in MDCH approved programs. | 1 2 Other_____ |
| Twenty | Vaccinia/Variola/Pox Virus Contact laboratory at 517-335-8067 | Special Request Only |
| Twenty-One | Lyme Disease – Culture Contact laboratory at 517-335-8067 | Special Request Only |
| Forty- Two | Bacterial and Fungal Cultures For submission of pure cultures for identification. | 1 5 Other_____ |
| Forty- Four | Chlamydia Culture and Isolation For submission of specimens for diagnosis of genital, neonatal infections, pneumonia. | 1 2 Other_____ (One Month Expiration - Order Accordingly) |
| Forty- Five | Viral Disease Examination and Culture For submission of miscellaneous specimens for Viral Isolation | 1 2 Other_____ (One Month Expiration - Order Accordingly) |
| Forty- Six | Food Borne Illness - For submission of food, stool and vomitus. Norovirus (Norwalk like) - by special request. Contact lab at 517-335-8067 | Available to Health Officers Only |
| Forty- Seven | Rabies Examinations - For submission of animal heads for detection of rabies. ? Check here for 3 gallon pails | 1 2 Other_____ |
| Forty- Nine | HIV Serology - For submission of serum for HIV Antibody testing to; ? Detroit City HD ? Kent County HD | 50 100 Other_____ |
| Fifty | HIV Serology - For submission of dried Blood Spots for HIV Antibody testing. | 50 100 Other_____ |
| Fifty-One | HIV Direct Detection - Special Request Only Contact laboratory at 517-335-8067. | Special Request Only |

ANIMAL SPECIMEN SHIPPING UNITS REQUISITION

TO ORDER COMPLETE UNITS - USE REVERSE SIDE

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Laboratory Support Unit
927 Terminal Road
Lansing MI 48906

PHONE 517-335-9867

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| | |
|------------------------|------------|
| Send To (No PO Boxes): | Date: |
| | Phone: |
| | Attention: |

Components - If **“Unit Number”** is blank, write in the Unit Number you will be using the component with so that the proper size and type of component will be sent. MDCH cannot ship components if this information is incomplete.

| Component # | Nomenclature | Unit Number (Refer to Front of This Form) | Quantity |
|-------------|---|---|----------|
| 3 | Bag, Plastic | | |
| 2 | Card, Sample Collection, Filter Paper – Blood Lead | Seven | |
| 5 | Container, Mailing – Styrofoam w/w/o Sleeve or Cardboard/Aluminum Tube | | |
| 7 | Cup, Specimen, Plastic, Sterile | | |
| 9 | Envelope, Return Mailing | | |
| 10 | Gauze, 2 x 2 | Seven | |
| 11 | Holder, Microscope Slide, Two Place | Ten | |
| 13 | Instructions, Specimen Submission – Specify >>>>>>>>>>>>>>>>>>>>>>>>> | | |
| 15 | Label, Return Shipping ? Lansing ? Kent ? Detroit ? Saginaw ? Kalamazoo ? Other – Specify >>>>> | | |
| 16 | Lancet | Seven | |
| 17 | Medium, Transport ? Chlamydia Culture ? Enteric Culture ? Parasitic ? Viral Culture ? B. pertussis ? Other – Specify >>>>> | | |
| 19 | Pail, with lid – Specify: ? One Gallon ? Three Gallon | Forty-Seven | |
| 21 | Pipette, Transfer, Sterile - 7.0 mL | Forty-Six | |
| 23 | Refrigerant (Ice Substitute) | Three, Nine, Thirteen, Seventeen, Eighteen, Forty-Four, Forty-Five, Forty-Six & Forty-Seven | |
| 25 | Requisition, Test 9Microbiology/Virology ? Regional Laboratories ? Other-Specify >>> | | |
| 27 | Pipette, Transfer | Forty-Six | |
| 29 | Sleeve, Mailing | Two/Fifteen | |
| 31 | Slide, Microscope | Ten | |
| 33 | Spatula, Sterile | Forty-Six | |
| 35 | Strip, Adsorbent | Two/Eighteen/Forty-Two/Forty-Seven | |
| 37 | Swab, for <i>Bordetella pertussis</i> isolation & PCR | Fifteen | |
| 39 | Swab, for Amplified Test - Chlamydia & Gonorrhea | Two | |
| 41 | Swab, Dacron, Plastic Shaft | Twenty/Forty-Four/Forty-Five | |
| 42 | Tube, for Amplified Test – Chlamydia & Gonorrhea – Urine Specimens | Two - U | |
| 43 | Tube, Capillary Blood Sampling, EDTA, 200FL, Bags of Fifty | Seven and Fifty-One | |
| 45 | Tube, Centrifuge, 2 mL, Sterile | Seventeen | |
| 47 | Tube, Centrifuge, 15 mL | Seventeen | |
| 51 | Tube, Centrifuge, 50 mL, Sterile | Five/Eleven/Twelve/Forty-Five/Forty-Six | |
| 53 | Tube, Serum, ? 3.0 mL, ? 5.0 mL non-sterile - with caps | | |
| 55 | Tube, Venous Blood Sampling, EDTA ? 2.0 mL ? 5.0 mL ? 6.0 mL ? 7.0 mL | | |
| 57 | Tube, Venous Blood Sampling, 10.0 mL ? w/Gel Separator ? w/o Gel Separator | | |
| 58 | Vial, Hexane Rinsed, 15mL, Racks of 40 | | |
| 59 | Wipe, Alcohol | Seven | |

Miscellaneous Requests: